

CONSENT TO RELEASE INFORMATION

| Date: |
|--|
| I authorize Snohomish County to investigate all statements in my application and make such |
| inquiries of my personal, employment, or education references as may be necessary in arriving at an employment decision. |
| I also authorize Snohomish County to conduct a background check including review of any criminal history. I understand that any arrests for which the charges are still pending and any convictions may be considered in arriving at an employment decision, but will not necessarily disqualify me from employment unless the crimes are reasonably related to the job duties of the position for which I am applying, and the convictions (or my release from incarceration) occurred within the last ten years. |
| I hereby release all employers, schools, and persons supplying references from all liability in responding to the inquiries in connection with my application for employment. |
| Applicant's First, Middle, and Last Name (Please Print) |
| Applicant's Signature |
| Birth date (mm/dd/yyyy): |
| Have you ever resided outside the state of Washington in the last 10 years? YES NO |
| Have you lived under a different name? □ YES □ NO If yes, please list |
| |



Snohomish County

SNOHOMISH COUNTY

P.O. Box 1308, Snohomish, WA 98291 Phone: (888) 443-0135 // Fax: (888) 226-6952

Web: www.dataquestllc.com

AUTHORIZATION FORM
Client ID: SNOCO

Company: Phone:

| Applicant Name: Last First Middle List additional AKA names used in the last 10 years: Social Security #: | Dept | | | |
|--|--------------------------------------|----------------------------------|-------------------------------|--|
| List additional AKA names used in the last 10 years: Date of Birth: Social Security #: (Used for identification purposes only and not as hiring criteria) Current Address: Street City State Zip Code Previous Address: Street City State Zip Code | Division | | | |
| Date of Birth: Social Security #: (Used for identification purposes only and not as hiring criteria) Current Address: Street City State Zip Code Previous Address: Street City State Zip Code | | | | |
| Date of Birth: Social Security #: | Applicant Name: Last | | First | Middle |
| Date of Birth: Social Security #: | List additional AVA names used | in the last 10 years: | | |
| Current Address: Street | List additional ARA names used | in the last 10 years. | | |
| Current Address: Street City State Zip Code Previous Address: Street City State City St | | | Social Security #: | |
| Previous Address: Street City State Zip Code | (Used for identification purposes | only and not as hiring criteria) | | |
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| Previous Address: Street City State Zip Code Previous Address: Street City State Zip Code City State City Sta | Street | City | State | Zip Code |
| Previous Address: Street City State Zip Code pplicant must sign below to authorize a consumer report. Insuant to State and Federal Credit Reporting Act, this is to inform you that a background investigation involving the statements made on pplication for employment and/or attachments as well as your character, general reputation, personal characteristics and mode of living, no trained for employment purposes as part of the pre-employment background investigation and on and at any time during your employment we the right to dispute the information reported. Upon written request, you are entitled to complete and accurate disclosure of the investigature and scope, as well as a written summary of your rights and remedies under the law. Inquires should be directed to DataQuest, P.O. nohomish, WA 98291. Settify that to the best of my knowledge all statements made on my application and/or attachments are true and correct. I hereby authorize ataQuest to obtain all reports, records, verifications or other information necessary to complete the background investigation and to furnic formation to the prospective employer. I understand that providing fraudulent or misleading information may be grounds for denial of ending the providence of the prospective employer. | | | | |
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| discharge. | | | | |

Applicant Signature: _____ Date: ____